

COMMENTS _

MIAMI – DADE COUNTY, ISD PARKING OPERATIONS

MONTHLY PARKING KEY CARD/HANGTAG

ACTIVATION FORM

	AC	
PLEASE PRINT INFORMATI	ION	
NAME		KEY CARD NUMBER:
HOME ADDRESS		HOMECITY/ZIPCODE
HOME PHONE		
WORK ADDRESS		WORK CITY/ZIP CODE
WORK PHONE	COMPANY N	AME:
VEHICLE MAKE/MODEL		VEHICLE YEAR:
VEHICLE TAG	VEHICLE COLOR	COUNTY VEHICLE #(County Vehicles Only)
I HAVE READ THE PARKING	G RULES AND REGULATIONS	(Customer Initials.)
THIS SECTION COUNTY	EMPLOYEES OR COUNT	Y VEHICLES ONLY:
	DEPARTMENT/DIVIS	SION NAME:
A) COUNTY EMPLO	DYEE ACCOUNT: PARKING CH	ARGES ARE PAYROLL DEDUCTED
EMPLOYEE I.D. NUMBER	LAST FOUR	DIGITS OF SOCIAL SECURITY NUMBER XXX-XX
		'DAY OF EVERY MONTH FOR THE FOLLOWING MONTH'S PARKING YO MBER IS FOR THE OCTOBER PARKING).
B) COUNTY VEHIC	LE ACCOUNT: PLEASE PROVI	DE PAYMENT METHOD:
CHARGE INDEX CC	DE #:	VOUCHER CHECK:
		PLEASE PROVIDE PAYMENT METHOD:
PERSONAL CHECK/CASH _	COMPANY CHECK	EMPLOYER'S PAYROLL DEDUCTION
Please note, all cancellation communication. Either a Cato our office requesting to Form online at http://www.	ns MUST be made in writing. Wancellation Form must be comp have the account cancelled (305) miamidade.gov/gsa/about_d	e will not cancel any Monthly account by verbal eleted at the ISD Parking Office or a written request faxed for 5) 579 - 4597. You may also complete your Cancellation fowntown parking.asp. for cancel his/her account. Parking fees will continue to be
charged until proper cance	llation documents are received	at the ISD Parking Office.
	OFFICE USE ONLY - DO	NOT WRITE IN THIS SPACE
KEY CARD ISSUE DATE		
		IPT NUMBER
AS400 SYSTEM ON	SMART CARTRIDGE ACTIVATION	N SECURITY ACCESS LEVEL